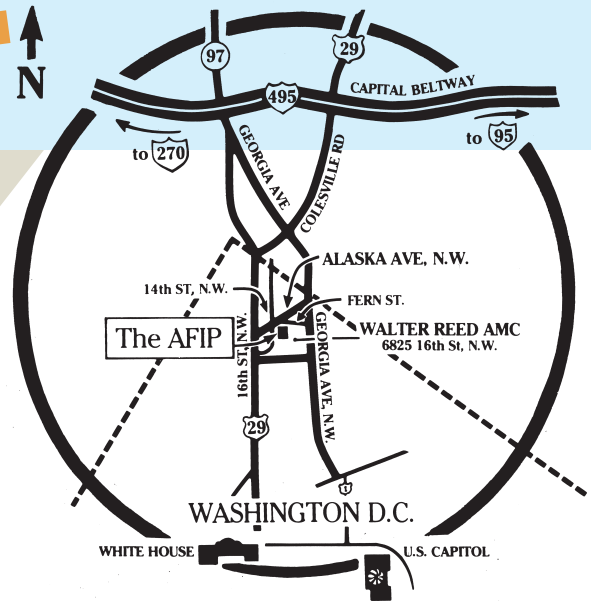




# **Annual Report 2003**

**Armed Forces Institute of Pathology**



# Director's Message

Next year, the AFIP will begin to implement an extensive business and transformation plan. The plan is multipronged and includes using the most effective methods available to share the AFIP's expertise with the military medical community. With this goal in mind, the AFIP has identified the resources needed to accomplish our military and civilian missions, and will concurrently right-size and streamline our efforts in order to accomplish those missions in the most cost-effective and resource-efficient ways possible.

The AFIP Distance Learning Advisory Group has identified several concepts that will help us improve the use of consultation as an educational tool, by delivering our expertise via the World Wide Web. We are pleased to announce a series of VTC Grand Rounds lectures. The first, in Genitourinary Pathology, is scheduled for November 6, 2003. The VTC Grand Rounds lectures will feature AFIP experts in hematopathology, orthopedic pathology, and oral pathology, all based on AFIP's superb Anatomic Pathology Course. Additionally, all current Web-based courses and all 27 seminars and workshops are available for military practitioners.



The Distance Learning Advisory Group is also assessing the feasibility of broadcasting our weekly staff conferences, various sign-out conferences, and other AFIP courses, while developing the AFIP Case of the Week for desktop publication. Each case will be selected for its value in improving quality care for problematic diagnostic cases. Each AFIP department will present at least one case per year, which will address laboratory problems and include case discussion. Future plans include developing a searchable database.

Plans for the coming months include 1) more Web-based courses, 2) CME by video teleconference, 3) more AFIP educational programs and lectures, 4) information modules on emerging diseases, and 5) online consultation reporting. We foresee making these available to the US military community, military clinicians, related specialties, other federal practitioners, and the civilian community as well.

In the coming year, we will have an opportunity to implement the plan that supports the DoD directed guidance of a more streamlined, highly functional, cost-efficient AFIP. To do this, we will create a smaller facility footprint, right-size our staff, adhere to more efficient business practices, and increase our military relevance while preserving our core functional values to the nation and the world. The business plan works to leverage our current funding mechanisms and appropriately offset them by increased civilian revenues, simultaneously refocusing on the needs of the military services and pursuing various alternatives to AFIP facility needs.

To ensure our future as the premier pathology reference center, we must take full advantage of all available new technologies in communications and diagnostics, while improving our business practices, so that we can continue to deliver a product that is second to none.

Renata B. Greenspan  
COL, MC, USA  
Director





## Executive Committee

Front row seated, from left: Renata B. Greenspan, COL, MC, USA, Director; Florabel G. Mullick, MD, ScD (Hon), FCAP, SES, Principal Deputy Director.

Standing, second row, Adrienne Noe, PhD, Director, National Museum of Health and Medicine; Paul Bluteau, MA, Director of Administrative Services.

Back row: Harry W. Nash, MSgt, MSC, USA, First Sergeant; Charles W. Pemble III, Col, USAF, DC, Deputy Director, Air Force, Director of Field Operations; Thomas R. Himes, CAPT, MC, USN, Director of Quality and Compliance Office; Christopher R. Owner, PhD, Director of Clinical Sciences.



Missing in group photo: Sumitra Parekh, COL, MC, USA, Director, Directorate of Advanced Pathology.

# Board of Governors

The Board of Governors of the AFIP consists of the Assistant Secretary of Defense (Health Affairs), who serves as Chair of the Board; the Assistant Secretary for Health, Department of Health and Human Services; the Surgeons General of the Army, Navy, and Air Force; the Chief Medical Director for the Department of Veterans Affairs; and a former Director of the Armed Forces Institute of Pathology. The Board of Governors meets quarterly, and, based on the recommendations of the Scientific Advisory Board and institutional reports, establishes guidelines and broad administrative and professional policies in consonance with the medico-military objectives of the Institute. The Board of Governors met March 18, August 15, and December 18, 2003.



**William Winkenwerder, Jr, MD, MBA**  
Assistant Secretary of Defense for Health Affairs  
Office of the Assistant Secretary of Defense for Health Affairs  
Pentagon, Washington, DC



**LTG James B. Peake, MC, USA**  
The Surgeon General  
Department of the Army  
Falls Church, VA



**VADM Michael Cowan, MC, USN**  
The Surgeon General  
United States Navy  
Bureau of Medicine and Surgery  
Washington, DC



**LtGen George Peach Taylor, USAF, MC**  
The Surgeon General  
Bolling Air Force Base  
Washington, DC



**Richard Carmona, MD, PhD**  
US Surgeon General  
Department of Health and Human Services  
Rockville, MD



**Robert Roswell, MD**  
Under Secretary for Health  
Department of Veterans Affairs  
Washington, DC



**Robert F. Karnei, MD**  
Wythe County Community Hospital  
Wytheville, VA

# Scientific Advisory Board

The charter for the AFIP Scientific Advisory Board states that the basic term of office of civilian members shall be two years and that no civilian member may serve more than two terms in succession; it further states that terms shall be staggered to provide a rotating membership. The Board meets at the call of the Director, AFIP, to advise on scientific and technical matters. Board members are selected from outstanding specialists in their respective fields of medicine. The Board met May 22–23 and November 13–14, 2003.

**Vernon W. Armbrustmacher, MD**

City Medical Examiner II, Neuropathology  
City of New York  
Office of the Chief Medical Examiner  
New York, NY

**Corrie Brown, DVM**

Professor and Head  
Department of Veterinary Medicine  
College of Veterinary Medicine  
The University of Georgia  
Athens, GA

**Cecilia M. Fenoglio-Preiser, MD**

MacKenzie Professor and Director  
Department of Pathology  
College of Medicine  
University of Cincinnati  
Cincinnati, OH

**A. Julian Garvin, MD**

Professor and Chair, Pathology  
Wake Forest/Bowman Gray School of Medicine  
Winston-Salem, NC

**Beverly P. Nelson, MD**

Department of Pathology  
Northwestern Memorial Hospital  
Chicago, IL

**William W. Olmsted, MD**

Education Editor and Editor, *RadioGraphics*  
Radiological Society of North America  
Bethesda, MD

**John E. Pless, MD**

Professor of Pathology  
Indiana University School of Medicine  
Indianapolis, IN

**Alan D. Proia, MD, PhD**

Department of Pathology  
Duke University Medical Center  
Durham, NC

**Victor E. Reuter, MD**

Department of Pathology  
Memorial Sloan-Kettering Cancer Center  
New York, NY

**Mary S. Richardson, MD**

Director of Surgical Pathology  
Department of Pathology and Laboratory Medicine  
Medical University of South Carolina  
Charleston, SC

**LeRoy Riddick, MD**

Regional Medical Examiner  
Mobile, AL

**Fred G. Silva, II, MD**

US & Canadian Academy of Pathology  
Augusta, GA

**Stanford Stass, MD**

Greenbaum Cancer Center  
University of Maryland  
Baltimore, MD

**Swan N. Thung, MD**

Department of Pathology  
Mount Sinai Medical Center  
New York, NY

**David H. Walker, MD**

Professor and Chair  
Department of Pathology  
University of Texas Medical Branch  
Galveston, TX

**Ronald S. Weinstein, MD**

Professor and Head, Department of Pathology  
University of Arizona College of Medicine  
Tucson, AZ

## Ex Officio Members of the SAB from the Federal Service

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### **MG Kevin C. Kiley**

Commander, North Atlantic Regional Medical Command  
Commander, Walter Reed Army Medical Center  
Washington, DC

### **MG Lester Martinez-Lopez**

Commanding General  
Medical Research & Materiel Command  
Ft Detrick, MD

### **Col Paul B. Christianson**

Vice Commander, Air Force Medical Operations Agency  
Office of the Surgeon General  
McLean, VA

### **Maj Mark P. Burton**

Wilford Hall Medical Center  
Department of Pathology/MTL  
Lackland AFB, TX

### **CDR David M. Larson**

US Navy Pathology Consultant  
Naval Hospital Jacksonville  
Jacksonville, FL

### **CDR William O. Rogers**

Naval Medical Research Unit 3  
Ghana Det  
Department of State  
Washington, DC

### **Col Thomas Burke**

Program Director, Mental Health Policy  
Office of the Assistant Secretary of Defense (Health Affairs)  
Falls Church, VA

### **Robert M. Friedman, MD**

Professor and Chair, Department of Pathology  
Uniformed Services University of the Health Sciences  
Bethesda, MD

### **Kenneth Olden, MD**

Director, OD/NIEHS/NIH (B2-01)  
Research Triangle Park, NC

### **Alan S. Rabson, MD**

Director, Division of Cancer Biology & Diagnosis  
National Cancer Institute  
National Institutes of Health  
Bethesda, MD

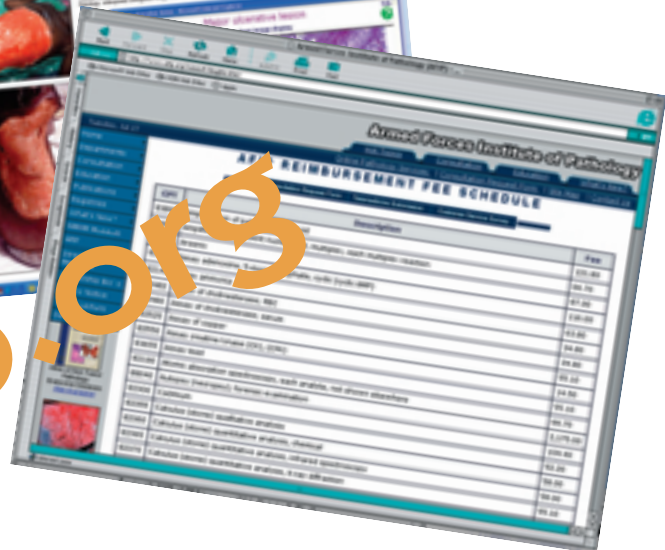
### **Fred H. Rodriguez, Jr, MD**

Chief, Pathology and Laboratory Medicine Services  
VA Medical Center  
New Orleans, LA

### **Sherif R. Zaki, MD, PhD**

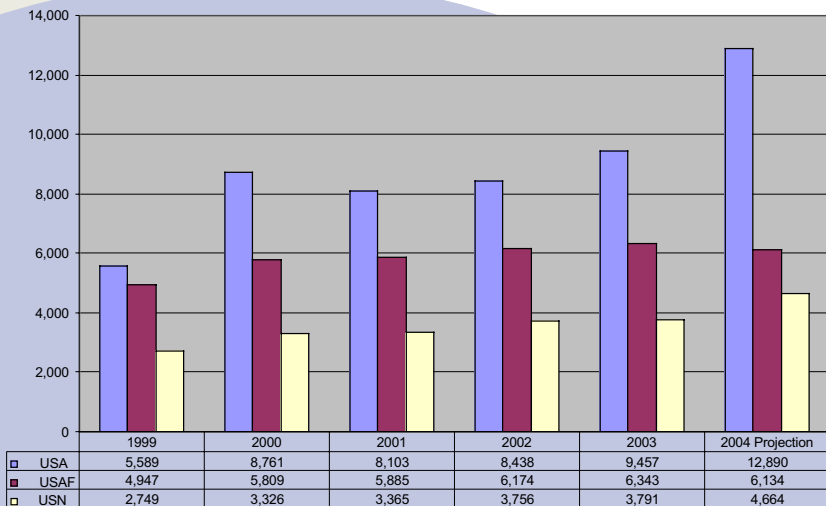
Infectious Diseases Pathology  
Centers for Disease Control & Prevention  
Atlanta, GA



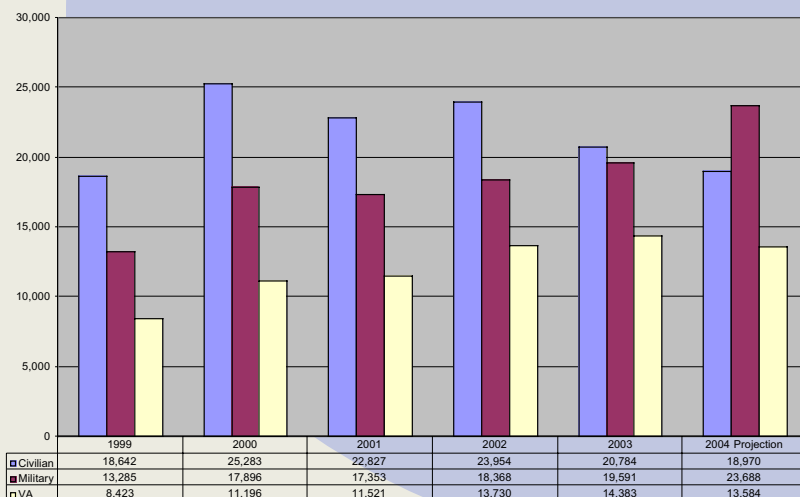


www.afip.org

## Military Consultation Cases



## Civilian, Military, and VA Cases 1999–2004 (Projected)

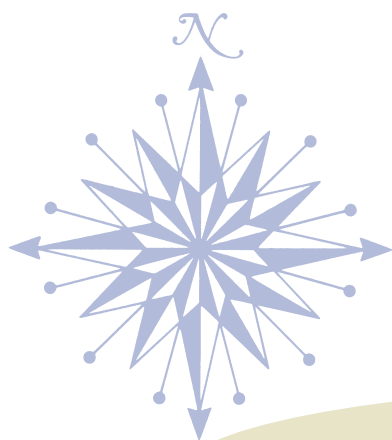


The AFIP Annual Report 2003 is a production of the Center for Scientific Publications.

Fran Card—production and graphic design  
Bonnie Casey—editor  
Photo credits: Andy Morataya, Veronica Ferris, and AFIP Photography Branch photographers; Fran Card; and Armed Forces Medical Examiner photographers.



# AFIP—A LEGACY OF SERVICE



For almost a century and a half, the Armed Forces Institute of Pathology (AFIP) has provided world-renowned diagnostic pathology services for military and civilian patients. The AFIP is a joint entity of the military departments, with the secretary of the Army as the Executive Agent, subject to the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness. As a tri-service agency, the AFIP is the central pathology laboratory for the Department of Defense (DoD) and the primary reference laboratory for the Department of Veterans Affairs (VA).

This 2003 Annual Report provides an overview of our invaluable resources and our contributions to military readiness and military and civilian medicine worldwide. It also offers a glimpse of the myriad ways in which, since the turn of the new century, the AFIP has extended its reputation and influence throughout the world.

The outstanding work of the AFIP rests on its 2 principal assets: 1) the world's largest repositories of research material, dating back 150 years, that are available to military and civilian researchers here at our Institute and, increasingly, in digital form via the Internet; and 2) our uniquely skilled staff of world-renowned pathologists and researchers.

These assets, combined with cooperative partnerships with nearly 200 government, academic, and private-sector organizations, allow us to carry out our 3-fold mission of consultation, education, and research.

## ● CONSULTATION

The AFIP provides consultation on the diagnosis of pathologic tissue for the DoD and other federal agencies, and for civilian clients on a reimbursable basis. We have built an outstanding reputation for second opinions on difficult pathology cases for clients in the Armed Forces, the nation, and around the world. Through these consults, our staff develop close ties to clinicians, epidemiologists, chemists, physicists, educators, and others—relationships that enhance individual and corporate knowledge and result in the saving of lives. Furthermore, our influence does not end with a successful consult, but extends through a multifaceted, interdependent process that leads to the education of residents and fellows, the development of new methodologies and stains, and research supporting clinical pathology.

Each year, the Institute receives over 50,000 difficult cases, already seen by a military or civilian pathologist, for second-opinion consultation. More than half of these cases are from active-duty military personnel or their dependents. The vast majority are tumor cases requiring immediate patient treatment. Each year, AFIP's pathologists make a major or minor change in

diagnosis in nearly half of the cases received, many of which present potentially high-risk medicolegal problems. Even a minor diagnostic change can have a significant and sometimes crucial effect on clinical patient management, and can potentially save millions of dollars in medical malpractice claims.

Through its consultation service, the AFIP serves:

- US military medical facilities;
- The VA;
- The US Public Health Service;
- The Federal Bureau of Investigation;
- Foreign military medical departments;
- The Centers for Disease Control and Prevention;
- The Food and Drug Administration;
- The Central Intelligence Agency;
- Foreign and domestic civilian organizations; and
- Foreign military medical departments.

## Telemedicine

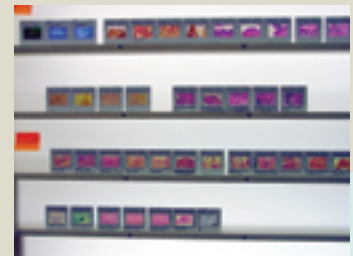
The AFIP's electronic consultation program is the largest, most efficient of its kind in the world. Through digital technology, our pathologists can provide point-of-care consults in near or real time—a significant contribution to patient care. The primary beneficiaries of this service are small, independent military laboratories whose pathologists often have no recourse to other consultative services. (See the annual report from the Department of Telemedicine for an expanded discussion of this contribution to military readiness.)

## ● EDUCATION

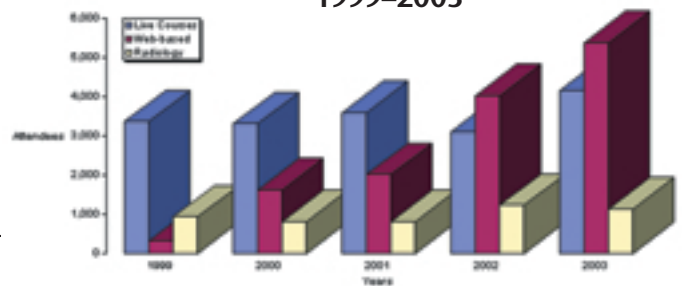
Our staff provides instruction in advanced pathology to medical, dental, and veterinary officers of the Armed Forces, and to qualified civilians on a reimbursable basis. A unique feature of the educational experience we provide is access to the landmark collections of the National Museum of Health and Medicine (NMHM).

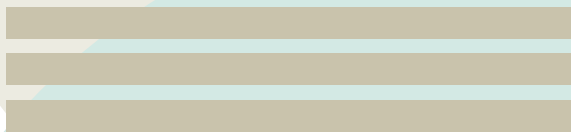
Education is the AFIP's voice to the world. Our world-renowned education courses and programs are aimed at recognizing emerging diseases, gaining new insights into known diseases, and giving hands-on or telepathologic experience in diagnosing difficult diseases. Our goals are to:

- Continuously improve the quality of postgraduate CME.
- Provide training in pathology and related areas that meets the needs of the military and civilian medical community.
- Maintain the high professional standing and reputation of the AFIP and the accreditation of its postgraduate CME programs.



**Department of Medical Education Activity  
1999–2003**



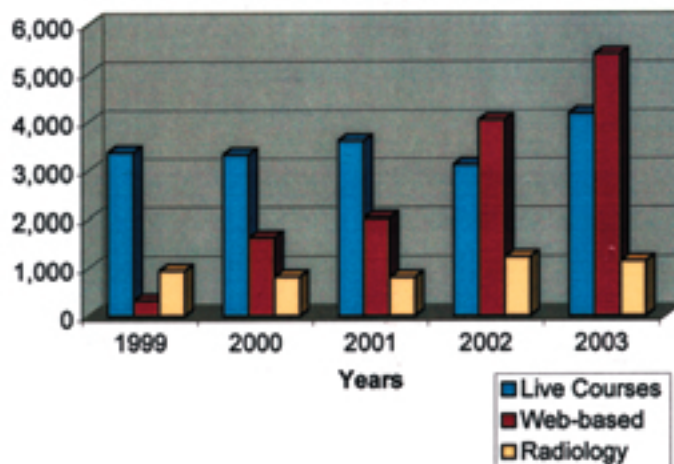


In 2003, through numerous courses and seminars, the Department of Medical Education awarded over 16,000 hours of CME credit to military physicians, veterinarians, scientists and others.

### Trainees

The AFIP also offers hands-on, intensive training in a particular subspecialty of pathology, either through short-term (one-month) sessions or long-term (one-year) programs such the Callender-Binford Fellowship program. Trainees and fellows participate in a variety of staff conferences and one-on-one instruction with staff pathologists. Five of our training programs are accredited by ACGME. The Veterinary Pathology Residency Program is accredited by ACVP. In 2003, the AFIP trained all military radiologists and veterinary pathologists, and offered dozens of other courses and programs for US military medical personnel and paying civilians, earning the Institute over \$100,000.00 in reimbursables.

Number of Course Attendees



### 2003 Trainees

Dermatopathology . 2 fellows  
 Hematopathology .... 1 fellow  
 Neuropathology ..... 1 fellow  
 Pulmonary Pathology 2 fellows  
 OAFME ..... 1 fellow  
 Veterinary Pathology: 11 residents  
 Short-term programs 191 trainees  
 TOTAL ..... 209 trainees

### Tri-Service School of Histopathology

The Tri-Service School of Histopathology, a unique educational resource administered by the Department of Scientific Laboratories, provides training to military and civilian students in histopathology laboratory and postmortem procedures. Each year,



## National Museum of Health and Medicine



"Battlefield Surgery from the Civil War to Vietnam"



the school provides 180 days of instruction in the theory and application of histotechnology, and practical training in processing, cutting, and staining tissue specimens and assisting in postmortem examinations. Graduates are awarded certificates and appropriate service classification codes. Qualifying graduates are certified as histologic technicians through ASCP.

### ● RESEARCH

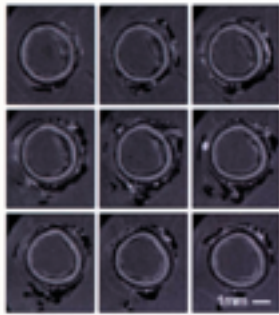
Clinical pathological research performed at the AFIP has a broad impact, and is regularly reviewed on the basis of short- and long-term military relevance. Information on new methods and stains developed in our laboratories is disseminated through presentations at conferences and seminars, and through hundreds of publications in professional journals, leading to improved products and services worldwide.

In 2003, AFIP staff were involved in more than 300 varied research projects in collaboration with numerous government, academic, and commercial entities, including the Uniformed

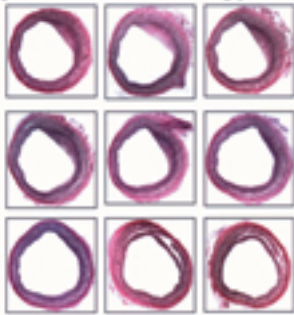




### 3D MR Microscopy vs. 3D Histology



- MR data acquired in less than 1 hour.
- Requires no fixation, sectioning, or staining.
- Tissue can be virtually sectioned.
- Resolution limited to 10 microns.



- 3D histology acquired over 2 days.
- Sample preparation introduces artifacts.
- Tissue cannot be studied in its native state.
- Cellular resolution.

Services University of the Health Sciences, the National Institute of Justice, the Department of the Interior, the National Institutes of Science and Technology, the World Health Organization (WHO), and domestic and foreign universities and institutes.

Principal funding agencies include the National Institutes of Health, the National Science Foundation, and the National Aeronautics and Space Administration. Corporate funding is generally related to projects with individual investigators or registries and those related to the pharmaceutical industry. We also have several grants in association with the WHO. Extramural funding for AFIP research has increased annually.

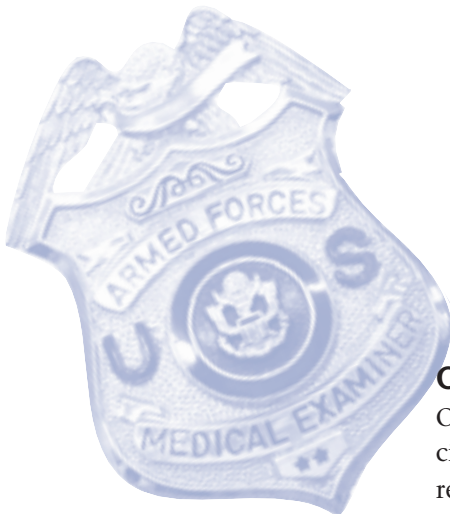
## ● **AMERICAN REGISTRY OF PATHOLOGY**

In 1930, the American Registry of Pathology (ARP) was formally recognized as a collection of registries to assemble data and specimens from living patients. This collaborative endeavor between the ARP and the AFIP now consists of over 35 registries. ARP acts as a liaison between the military and civilian medical communities, and partners with AFIP in publishing books, accepting research grants, and receiving consultation and tuition fees.

## ● **MAINTAINING MILITARY RELEVANCE, IMPROVING MILITARY READINESS**

The AFIP serves the men and women of the US military by providing resources and services unavailable anywhere else in the world:

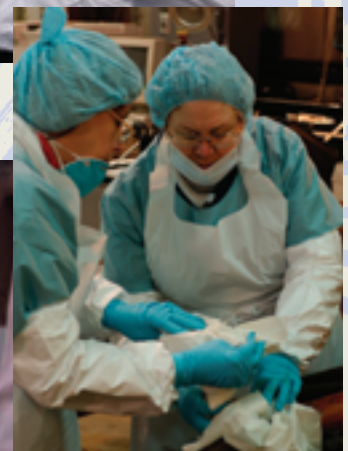
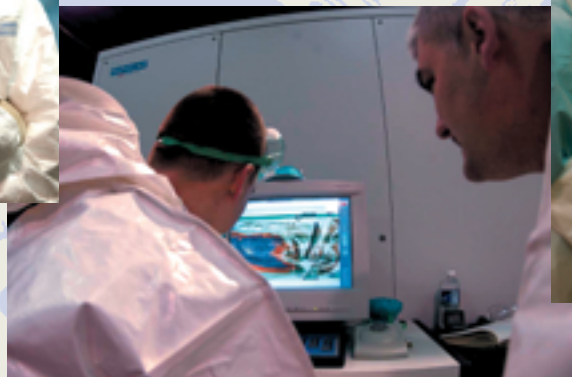
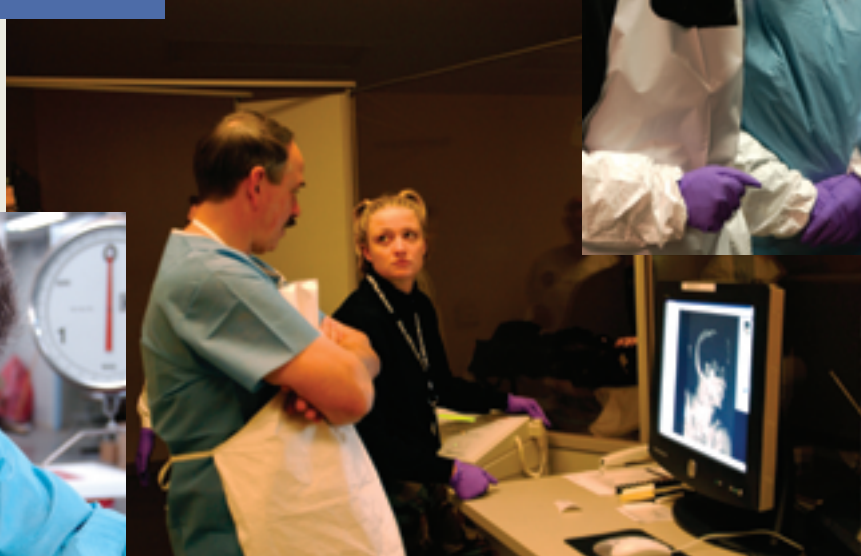
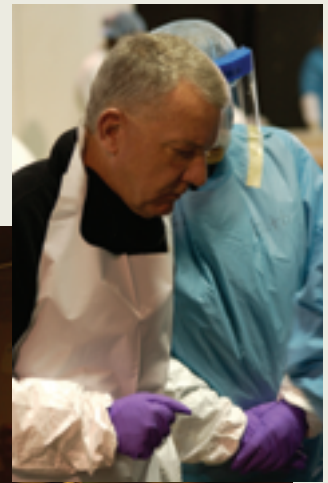
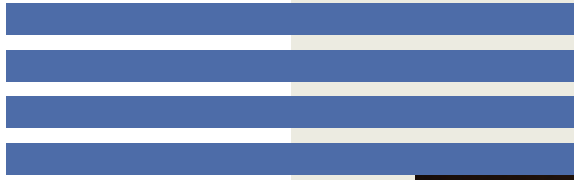
- Office of the Armed Forces Medical Examiner (OAFME)
- Armed Forces DNA Identification Laboratory (AFDIL)
- Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR)
- National Museum of Health and Medicine
- Department of Legal Medicine
- Congressionally Mandated Patient Safety Center
- Center for Clinical Laboratory Medicine
- Automated Central Tumor Registry (ACTUR)
- Quality Assurance for the DoD Drug Program
- Military Graduate Education Programs
- DoD Veterinary Pathology Residency Program



### **Office of the Armed Forces Medical Examiner**

OAFME was established at AFIP to provide the DoD and other federal agencies with the latest advances in forensic medicine. The OAFME is primarily responsible for forensic investigations of unnatural or violent deaths due to known or suspected accidents, homicide, suicide, or undetermined means in combat and peacetime operations. In these cases, the OAFME must establish positive identity by scientific means, determine the cause and manner of

## OAFME/DOVER

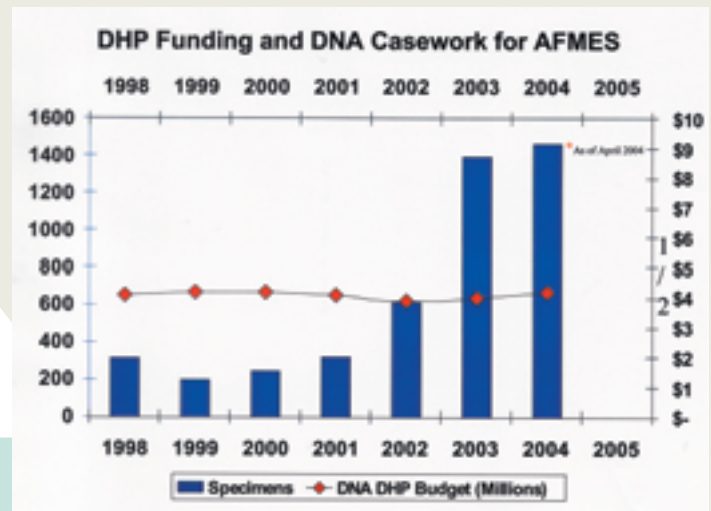
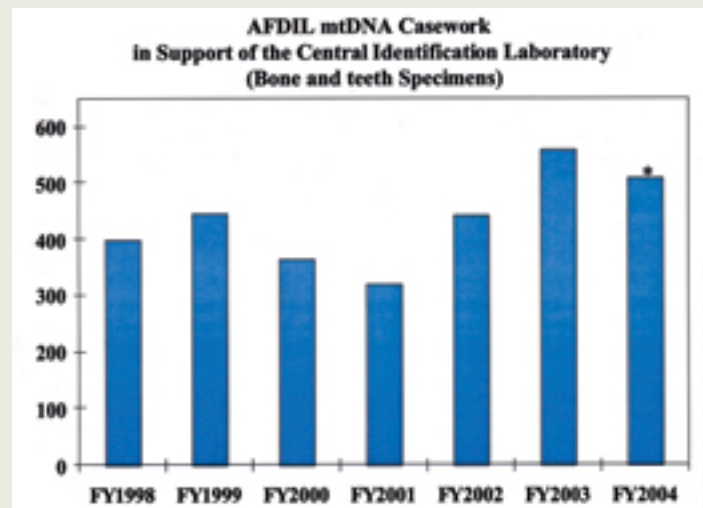


death, and certify the death. This responsibility normally applies to active-duty service members and their dependents, and civilians whose deaths come under exclusive federal jurisdiction. The work of the OAFME has proven invaluable in promoting aviation safety and the administration of justice.

The DoD DNA Registry, a division of the OAFME, identifies the remains of US military personnel from prior armed conflicts. AFRSSIR stores DNA reference specimens and maintains a database to assist in this process. The Forensic Toxicology Division of OAFME provides toxicology laboratory testing for the DoD drug testing quality assurance program.

Specific missions of national interest and military relevance included the V22 Osprey crash and the investigation of the USS Cole terrorist attack in 2000. OAFME provided invaluable support after the September 11, 2001 attacks in Washington and New York, and in 2002 lent vital support in the recovery, identification, and return of the Space Shuttle Columbia astronauts. In 2003, OAFME played a vital role in all phases of Operation Iraqi Freedom, including:

- Full forensic investigation of all casualties from Operation Iraqi Freedom from March through December 2003.
- Investigation of the deaths of 30 enemy prisoners of war.
- Full forensic investigation and identification of the remains of Uday and Qusay Hussein.
- Participation in the examination of mass gravesites in Iraq, and planning for potential war crimes investigations.
- Participation in the recovery and identification of remains from the bombing of the United Nations headquarters in Iraq.
- Identification of Saddam Hussein.
- Opening of the new Port Mortuary facility at Dover AFB, Delaware. The OAFME and the AFIP were integrally involved in the planning and construction of this state-of-the-art facility, which serves as the only federal Mass Disaster Forensic Investigation Center.





## Special Investigations Division

The Special Investigations Division provides consultation to all military investigative agencies, as well as the FBI, ATF, US Secret Service, and the CIA. The division conducts case work on overseas terrorist bombings and identification of combat detainees. The OAFME Ballistic Research Range played a major role in military-relevant testing and development of new-generation body armor and research related to battlefield ballistic injuries. In 2003, the Morgue and Laboratory facilities under the Special Investigations Division underwent major renovations, including procurement and stocking of field operation equipment for fast launch capabilities and storage of autopsy tissues from Operation Iraqi Freedom and theater combat fatalities.



## Legal Medicine and Patient Safety

The Department of Legal Medicine provides consultation, education, and research on medicolegal quality assurance and risk management matters to the DoD. It also manages a registry of closed DoD medical malpractice cases and the DoD Centralized Credentials Quality Assurance System (CCQAS), which contains the credentials of all privileged DoD health care providers and the medical malpractice cases and adverse privilege action cases completed at DoD health care facilities.



The National Defense Authorization Act of 2001 mandated that the AFIP establish a Patient Safety Center and a Patient Safety database for the trending of medical errors within DoD medical treatment facilities. The Patient Safety Center identifies and analyzes actual and potential problems in the Military Healthcare System, and recommends effective actions to improve patient safety and health care throughout the system.

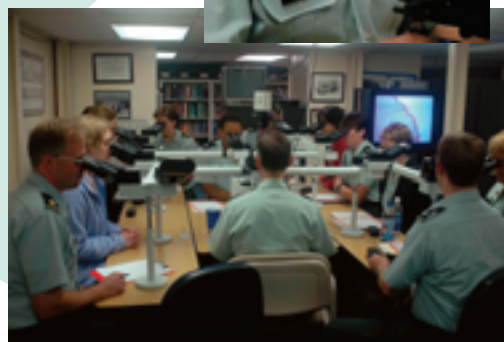
## The Automated Central Tumor Registry

AFIP provides budget management and contract oversight for the ACTUR, a comprehensive cancer data reporting system. ACTUR facilitates the clinical management of military beneficiaries, promotes cost savings associated with a single interhospital system, and produces automated reports and studies for the DoD. The long-term vision for ACTUR is to link DoD cancer data with data from TRICARE, the VA, and individual state cancer registries to track cancer data for all veterans and DoD beneficiaries.



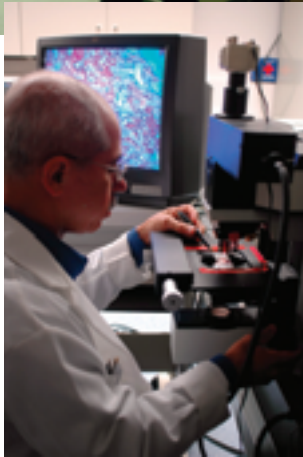
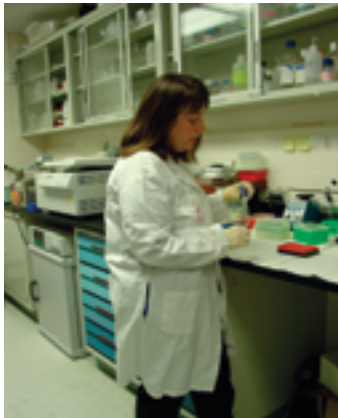
## DoD Veterinary Resource for Pathology Expertise

The Department of Veterinary Pathology provides diagnostic and consultation services and conducts educational and research programs in veterinary, comparative, and toxicologic pathology to ensure the medical readiness of DoD and to advance federal and civilian medicine. The department conducts the only veterinary pathology residency within DoD, and provides diagnostic pathology for working animals in the military, Customs, Border Patrol, and Secret Service. In addition, the Laboratory Animal Medicine Division has the only DoD facility with animal cardiac catheter capability, and is one of only 2 DoD veterinary facilities with a CT arm scanner.





## ● 2003 HIGHLIGHTS



- The Division of Microbiology is engaged in many aspects of biodefense research in support of numerous government entities. Areas of expertise include bacteriology, virology, molecular genetics, rapid diagnostic test development, validation, sample analysis, and proficiency testing. Ours is the only military laboratory that is both a CAP-certified diagnostic lab and a BSL-3 level C facility for the CDC's Laboratory Response Network. As a level C laboratory, the division can diagnose and respond to potential purposeful releases of multiple threat agents such as anthrax, plague, and biological toxins such as ricin. During 2003, the division responded to a number of events in the Washington, DC area, providing microbiological and molecular diagnostic support to multiple federal agencies. Division staff also provided DNA fingerprinting on bacterial agents affecting troops in Iraq. The division is currently developing rapid, sensitive molecular assays to identify a variety of infectious agents in laboratory and field settings.

- The AFIP has significantly expanded its capabilities in the field of molecular diagnostics. The Molecular Diagnostics Laboratory (Division of Molecular Pathology) experienced a greater than 300% increase in consultations in 2003. Almost 90% of these were primary molecular genetic consults from the US military. Molecular tests on fixed tissue for clinical or research diagnosis included tests for hematopathology, infectious diseases, genetics, mitochondrial gene mutations, and molecular signatures for solid tumors. The Division of Molecular Pathobiology (Department of Infectious and Parasitic Diseases Pathology) has expanded its service to the military and the Department of Homeland Security by providing reagents that can rapidly detect and differentiate biowarfare agents, specific antibodies for therapeutic use, and vaccines against these agents.

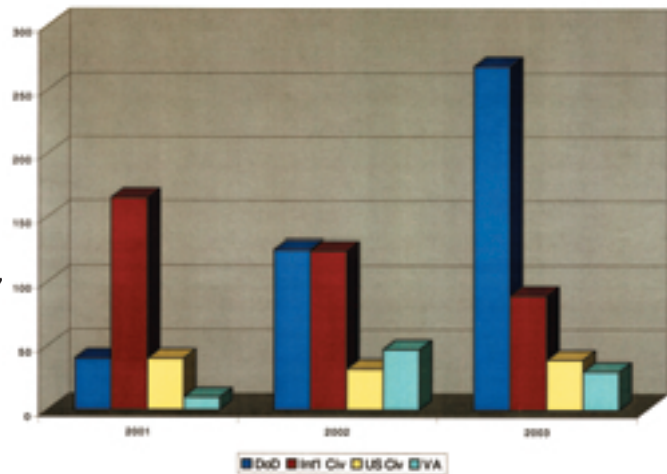
- The Department of Telemedicine began digitizing the Atlas of Tumor Pathology fascicles, and published the first 2 volumes of the online edition of the AFIP Non-Tumor Fascicle. The electronic version of the Institute's flagship publication provides functionality previously unseen in electronic textbooks. Approximately 1,900 subscribers have established online accounts, up from approximately 500 in 2002. This prototype provides all of the information covered in the print version, with enhanced search capabilities and links to the National Library of Medicine database for all references.

- The Department of Telemedicine, in partnership with USAMEDCOM and WRAMC, facilitated telepathology consultations through the use of 12 robotic microscopes deployed to military treatment facilities worldwide. As a direct result, military consultations increased by more than 250% in 2003.



- The AFIP developed and continuously updates a new series of online “Hot Topics” dealing with emerging diseases of military and global importance. Modules are concise and authoritative, and are illustrated with color photos and photomicrographs from our extensive archive. Topics include smallpox, anthrax, monkeypox, SARS, and cutaneous leishmaniasis.
- In the midst of the SARS epidemic in Singapore, 14 cases were sent to the AFIP for consultation. These cases provided the basis for one of the first published papers on the lung pathology of SARS. Within weeks of the 2003 outbreak, a section on SARS included among the Hot Topics on the AFIP website became an invaluable worldwide resource for disseminating information about the disease. The AFIP also developed a method for detecting the SARS coronavirus in paraffin sections.
- Staff of the Department of Environmental and Toxicologic Pathology are conducting ongoing investigations into Persian Gulf illness, Navy sarcoidosis cases, and the effects of exposure to heavy metal and depleted uranium on US service members.
- The National Museum of Health and Medicine supports the global war on terrorism through a partnership with the Disaster Mortuary Operational Response Team, providing lectures and seminars on national security issues, and by making its collections and facilities available to others engaged in related activities. In 2003, the Museum opened a major new exhibition, “Battlefield Surgery from the Civil War to Vietnam,” and provided a series of public programs highlighting the current and historical significance of military medicine.
- Military histotechnologists assigned to the Department of Scientific Laboratories have been regularly deployed to Dover as autopsy assistants during forensic examinations related to Operation Iraqi Freedom. During such deployments, civilian histotechnologists at the AFIP have taken on an increased workload while maintaining the same high quality of service.
- The Department of Oral and Maxillofacial Pathology conducted hundreds of postmortem dental identifications for Operation Iraqi Freedom, NASA, and other federal agencies, as well as thousands of manhours of onsite service at the Dover mortuary facility and 2 in-country missions to Iraq.

Telemedicine Workload, 2001–2003





Armed Forces Institute  
of Pathology website:  
**[www.afip.org](http://www.afip.org)**



National Museum of  
Health and Medicine  
website:  
**[www.nmhm.  
washingtondc.  
museum](http://www.nmhm.washingtondc.museum)**

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